Structured File Format: Registration (Appendix A)

Version Number: 1.0.0

FIELD NAME	TYPE	DESCRIPTION	LOOKUP
Unique Registration ID	Character(15)	Unique registration record identifier generated by the source system. (It is unique by registration record, not necessarily by patient if a given patient has more than one registration record at the same facility or different facilities.) Preferred format is a 5-char unique site identifier (agreed upon by the site and IHS) concatenated with a 10-char registration id number unique within the source system. Format is right-justified and zero-filled.	
Registration Record Create Date (character format)	Date Format CCYYMMDD(8)	Date that the registration record was created on the local system. Expected format is CCYYMMDD.	
Date of Last Update	Date Format CCYYMMDD(8)	Date this record was last modified by the local registration/encounter system. Date format is CCYYMMDD.	
Registration Status Code	Character(1)	Status of a patient registration record and all of its components, i.e. demographics, charts, aliases, and insurance eligibilities. (Examples why inactive: death of patient, or registration consolidated with another for same patient.) Values: A=active, I=inactive, D=deleted.	Status Code Lookup Table
Chart Facility Code	Character(6)	Code to designate the facility where this chart is located. See standard code table.	Facility Codes (SCB)
Chart Number	Character(10)	A patient's health record number (HRN) at the specified facility.	
Title	Character(10)	Title of the patient, such as Mr., Ms., Mrs., Miss, etc.	
First Name	Character(30)	First name of the patient; could also be an alias.	
Middle Name	Character(30)	Middle name of the patient; could also be an alias.	
Last Name	Character(30)	Last name of the patient; could also be an alias.	
Name Suffix	Character(10)	Name suffix, such as Sr., Jr., III, etc.	
Date of Birth (character format)	Date Format CCYYMMDD(8)	Patient's Date of Birth. Expected format is CCYYMMDD.	
Date of Death (character format)	Date Format CCYYMMDD(8)	Patient's Date of Death. Expected format is CCYYMMDD.	
Cause of Death	Character(6)	ICD-9 code for cause of death. Nationally recognized standard code set. Preferred format is to include the dot.	ICD9 Diagnosis Codes (SCB)
Gender	Character(1)	Sex of Patient as provided by the patient's registration information. Values: M=male, F=female.	Gender Code Lookup Table
Social Security Number Pseudo-code		Composite field consisting of the social security number (or pseudo-ssn) and a flag indicating if it is an actual ssn or a pseudo-ssn assigned by the facility.	
SSN Nine-char	Character(9)	Nine char social security number, or pseudo-ssn assigned by the facility	
SSN Pseudo Flag	Character(1)	Flag indicating whether the associated social security number value is an actual SSN, or a pseudo-ssn assigned by the facility. (P=pseudo, blank=actual)	
Beneficiary Classification Code	Character(2)	Classification of the type of patient, indicating a category under which an individual can become eligible for IHS benefits. See standard code table. (e.g., Indian or Alaska Native = '1'; PHS Field Employee = '2'; PHS Commissioned Officer = '3'; etc.)	Classification Codes (SCB)
Tribe Code	Character(3)	Indian tribe code specifying patient's tribal membership. See standard code table. (e.g., Aluet = '002', Eskimo = '003', Apache = '004'.)	Tribe Codes (SCB)

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Blood Quantum Code	Character(1)	Code to designate whether or not the patient is an American Indian/Alaska Native and, if so, to what degree. See standard code table. (e.g., Full = '1'; Greater than or equal to 1/2 but less than full = '2'; Non-Indian = '5'; etc.)	Blood Quantum Codes (SCB)
Community of Residence Code	Character(7)	Code for the State/County/Community of Residence of the patient. See standard code table.	Community Codes (SCB)
Date Moved To Community (character format)	Date Format CCYYMMDD(8)	Date when the patient first moved to this community of residence. Expected format is CCYYMMDD.	
Mailing Address Street 1	Character(50)	First line of the street address portion of this patient's mailing address, P.O. box, or rural route address of the patient.	
City	Character(30)	City or town portion of this patient's mailing address.	
State Code	Character(2)	United States Postal Service state code for this patient's mailing address.	State Codes (SCB)
Zip Code	Character(5)	Zip code (5-char) for this patient's mailing address.	
Zip Code Extension	Character(4)	The additional 4-characters that follow the 5-character zip code, if available, for this patient's mailing address.	
Father's First Name	Character(30)	Father's First Name.	
Father's Middle Name	Character(30)	Father's Middle Name.	
Father's Last Name	Character(30)	Father's Last Name.	
Mother's First Name	Character(30)	Mother's First Name.	
Mother's Middle Name	Character(30)	Mother's Middle Name.	
Mother's Maiden Last Name	Character(30)	Mother's Maiden Last Name.	
Service Eligibility Code	Character(1)	Code that specifies the types of services for which this patient was eligible. See standard code table. (e.g., CHS & Direct = 'C', Ineligible = 'I', Direct only = 'D', Pending Verification = 'P'. Note: Native Americans cannot be coded "ineligible'.)	Service Eligibility Code Lookup Table
Veteran Flag	Character(1)	Identifies a person who has previously served in the US Military. Veterans generally receive special veteran's assistance for medical bills. Note: This flag indicates if the patient is a veteran. It is NOT intended to identify all patients who are eligible for veteran's benefits. Values: Y=Veteran, blank=non-Veteran.	
Insurance Category Code	Character(3)	Type of Eligibility (e.g. MCD = Medicaid, MCR = Medicare, etc.)	Insurance Category Code Lookup Table
Coverage Type Code	Character(30)	Type of third party coverage for which the patient is eligible. Value depends on the associated insurance category code. If insurance category code = MCR or RRE, valid values for this field = A (Medicare Part A), or B (Medicare Part B). Otherwise, any free text value is accepted.	
Eligibility Start Date (character format)	Date Format CCYYMMDD(8)	Date that eligibility for the specific type of coverage begins. For Medicaid and Medicare, the eligibility date; for private insurance, the effective date. Expected format is CCYYMMDD.	
Eligibility End Date (character format)	Date Format CCYYMMDD(8)	Date that eligibility for the specific type of coverage ends. For Medicaid and Medicare, the eligibility end date; for private insurance, the expiration date. Expected format is CCYYMMDD.	
Policy Number	Character(33)	Insurance policy number.	
Insurer Name	Character(50)	Name of the insurance company.	
Insurer EIN	Character(9)	Insurer's Employer Identification Number.	
Eligibility State Code	Character(2)	Numeric IHS-specific code indicating state where a patient is eligible for Medicaid.	State Codes (SCB)

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Plan Name	Character(30)	Plan Name for Medicaid Coverage. Applicable Only for Medicaid.	
Policy Holder's First Name	Character(30)	First name of the insurance policy holder.	
Policy Holder's Middle Name	Character(30)	Middle name of the insurance policy holder.	
Policy Holder's Last Name	Character(30)	Last name of the insurance policy holder.	
Relationship to Insured	Character(17)	Patient's relationship to the insured - applicable only for Medicaid and Private insurance. (e.g. self, spouse, etc.)	
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